

Utah Fire & Rescue Academy – Fire Department Assistance Grant Application

1. Agency:		2. FDID #:			
3. Address:		4. City:		5. Zip Code:	
6. Contact Person:		7. Title:		8. Daytime Phone:	
9. Cellular Phone:		10. Fax:		11. Email:	
12. Group Application (Enter each Department FDID numbers):					
13. Department Implemented NIMS? ____ Yes ____ No		14. Participates in Utah Certification Program? ____ Yes ____ No			
15. Number of certified Wildland Firefighter I:		16. Number of certified Structural Firefighter I:		Firefighter II:	
17. Total number of firefighters: ____ Volunteer ____ Paid on Call ____ Fulltime					
18. Does Department report Fire Incidents to the Utah State Fire Marshals Office (UFIRS)? ____ Yes ____ No					
19. Total Current Dept. operating budget:			20. Current budget allocation to training:		
21. Current budget allocation to safety/PPE:			22. Current budget allocation to equipment:		
23. How will Dept. provide matching portion? ____ In Kind Services ____ Dept. Budget ____ Donated Labor/Funds					
24. If not selected to receive a 10% match grant, do you want to be considered for a 50% matching grant? ____ Yes ____ No					
25. Excluding mutual aid, will request develop resources to be shared by more than one department? ____ Yes ____ No					
26. Will your proposal extend fire protection to additional population and/or area beyond current services? ____ Yes ____ No					
27. Does the Department serve a rural population? (Refer to application instructions for assistance in selection of appropriate category) Check only One: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> ____ Category 1 ____ Category 4 </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> ____ Category 2 ____ Category 5 </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> ____ Category 3 (if category 5 is checked proceed to section II) </div>					

Section I

Category 1,2,3 & 4 complete this section.

28. Do you assist a Department of Interior (DOI) agency with wildland fire suppression? ____ Yes ____ No (DOI agencies include the Bureau of Land Management, the U.S. Fish and Wildlife Service and the U.S. Park Service.) Check the categories that apply. ____ Border DOI lands ____ DOI administered lands within jurisdictional response ____ Respond to DOI agency Fires	
29. Will your proposal benefit a DOI agency in providing fire suppression response? ____ Yes ____ No How?	
30. Is this project for an Indian Tribal Community, including those on State or Federal Reservations? ____ Yes ____ No	
31. Total wildfire responses in 2005:	32. Wildfire responses in primary area to DOI lands 2005:
33. Total all incident responses in 2005:	34. Wildfire responses to DOI lands outside primary area 2005:
35. Number of estimated wildland urban intermix acres protected by department in primary response area:	
36. Does department currently have full wildland personal protective equipment (PPE) for all members? ____ Yes ____ No If not, how many members are equipped with PPE? _____ Does department currently have full structural personal protective equipment (PPE) for all members? ____ Yes ____ No If not, how many members are equipped with PPE? _____ (Refer to application instructions for definition of full PPE)	
37. Indicate the number and type of advanced wildland F.F. qualifications in Department: _____	
38. Does department have radio communications for all supervisory personnel and in all apparatus ____ Yes ____ No If no, what are your radio communication needs?	

Section II

Fire Prevention
Describe your departments fire prevention request

39. Describe details of project:

40. How will project improve/extend existing conditions or circumstances:

Itemized Grant Request

41. Include materials, equipment, books, per-diem, lodging, mileage, etc.

	Description	Quantity	Cost	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
Total Grant Request				

42. Prepared by: (Please Print) _____ Title: _____

Signature: _____ Date: _____

Section II cont.

Training
Describe your departments training request.

43. Describe details of project:

44. How will project improve/extend existing conditions or circumstances:

Itemized Grant Request

45. Include materials, equipment, tuition, certification fees, books, per-diem, lodging, mileage, etc.

	Description	Quantity	Cost	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
Total Grant Request				

46. Prepared by: (Please Print) _____ Title: _____

Signature: _____ Date: _____

Section II cont.**Fire Equipment and Apparatus**

Describe your departments Fire Equipment and Apparatus request. Indicate if the equipment is wildland or structural.

47. Describe details of project:

48. How will project improve/extend existing conditions or circumstances:

Itemized Grant Request

49.

Include PPE, communications, tools, equipment, materials, supplies, etc.

	Description		Quantity	Cost	Total	
	Wildland	Structure			Wildland	Structure
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
Total Grant Request						

50. Prepared by: (Please Print) _____ Title: _____

Signature: _____ Date: _____